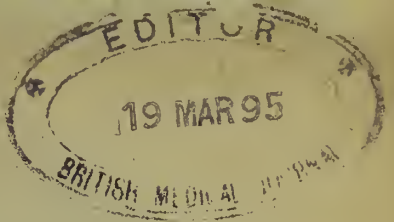


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ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH FOR ABERAVON, 1894.

MR. MAYOR AND GENTLEMEN,

This is my report upon the sanitary condition of Aberavon Borough during the year 1894.

For the purpose of calculating the averages, I take the population to be 6850.

Births. The total number of births registered was 251, of which number 134 were boys and 118 girls. The birth rate would be 36.6 per 1000. Five births were illegitimate.

Deaths. The total number of deaths registered at all ages was 107, and this number may be arranged as follows :

Under the age of 1 year ...	...	...	35
Aged 1 year but under 5 years ...	...	...	9
„ 5 years „ 15 „	...	...	3
„ 15 „ „ 25 „	...	...	9
„ 25 „ „ 60 „	...	...	19
„ 60 „ and upwards	...	...	32
Of the above, 50 were males and 57 females.			

The death rate estimated on the numbers above would be 15.6 per 1000, but a fairer mortality rate would be arrived at by excluding from our calculation the following deaths: 3 deaths from injuries and 7 cases where death resulted very soon after birth: (a) Congenital deformity, (1 case of spina bifida and 1 case of Conjenital malformation of the heart); (b) 5 cases of premature birth.

On deducting these 10 cases, the number of deaths would be reduced to 97, and the amended death rate based thereon would be 14.1 per 1000.

Zymotic Death rate. Of the seven principal Zymotic diseases, the forms which have given rise to fatal cases are :

Small Pox	...	...	2	Croup...	...	...	1
Measles	...	...	1	Diarrhoea	...	...	4

Making a total of 8 deaths, and yielding a Zymotic death rate of 1.1 per 1000.

The following is the Table of deaths classified according to the diseases and ages.

Mortality Table.

Diseases.	Under 5 years.	5 years and upwards.
Small Pox		2
Membranous Croup... ..	1	
Measles		1
Diarrhoea	4	
Phthisis		10
Bronchitis, Pneumonia & Pleurisy	11	6
Heart Disease		10
Injuries	1	2
Scarlatina, Diphtheria, Typhus, Typhoid, Continued, Relapsing Puerperal Fevers, Cholera, Erysipelas, Whooping Cough, and Rheumatic Fever. }	0	0
All other diseases	27	32
Total	44	63



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Summary.

	Aberavon rate per 1000, 1894.	Mean rate of Urban Sanitary District of Glamorgan, 1894.	Corresponding rate of England & Wales 1894.
Birth rate	36·6	34·8	30·8
Death rate	14·1	19·2	19·4
Zymotic death rate ...	1·1	2·56	2·47
Infantile mortality ...	138·4	168·4	159·0

Notification
of Infectious
Diseases.

The cases of Infectious diseases occurring in the district notified to me were :

Small Pox	...	...	16
Scarlatina	...	...	1
Typhoid Fever	...	...	1
Croup ...	...	...	2
Erysipelas	...	...	11
Puerperal Fever	...	...	3
Making a total of	...	...	34

Small Pox.

No form of infectious disease has in recent years given us so much trouble and anxiety as the outbreak of Small Pox which we experienced at the end of 1893, and the beginning of 1894. Being at that time without an isolation hospital, we were completely at the mercy of the friends of the sick, for however much the importance of complete isolation was impressed upon them, and the gravity of the disease and its intense contagiousness explained, and the protective influence of vaccination pointed out, yet for all that in some few cases all warnings were disregarded; but a Nemesis awaited them, and two of the worst cases I met with occurred in the persons of two men in years living in the same house, upon whom the importance of vaccination was repeatedly urged as they were in daily contact with the disease; vaccination was declined by both; both were subsequently seized, one with a malignant form from which he died before the end of a week, the second had confluent Small Pox, from which after a prolonged struggle he recovered, but with terrible and permanent disfigurement and a shattered constitution, and yet if these persons had availed themselves of the protection of vaccination, they would to a certainty have escaped.

Inasmuch as the cases in the latter part of 1893 and the beginning of 1894, are continuous, it is advisable to commence with the origin of the epidemic.

A Mariner, convalescent from Small Pox, returned home, (he resided in a part of the Margam District adjoining Aberavon,) and a short time after his arrival his wife (A) sickened of Small Pox, and to illustrate the mode in which the disease spread, it is best to arrange the cases in a tabular form.

Case.	Date of Notification.		Remarks.
	1893.		
B.	Oct. 31	...	Had visited case A, a relative.
C.	Nov. 8	...	Wife of B and had visited A.
D.	Nov. 13	...	Relative of A B and C and had visited A.
E.	Dec. 5	...	A fatal case, precise mode of origin uncertain, but undoubtedly from one of the above.
F.	Dec. 30	...	Fatal case had visited E a relative.
G.	Dec. 30	...	The child of F.
	1894.		
H.	Jan. 1	...	The mother of this case had nursed on December 19th, for one hour, the child of E.
I.	Jan. 3	...	Lived in the immediate neighbourhood of other cases but infection probably derived from K.
J.	Jan. 3	...	Contracted from child of case E.
K.	Jan. 3	...	A Milk Vendor who had visited the sick room of case E.
L.	Jan. 3	...	Husband of K.
M.	Jan. 5	...	Had carried the body of E at the funeral.
N.	Jan. 7	...	Had taken part in the destruction of infected bedding and clothing.
O.	Jan. 14	...	Infection conveyed by K.
P.	Jan. 14	...	Infection conveyed by K, sister of O.
Q.	Jan. 19	...	Relative and residing in house of K.
R.	Jan. 20	...	Residing in house of K, a fatal case.
S.	Jan. 21	...	Relative and residing in house of K.
T.	Jan. 25	...	Probably derived from case Q.
U.	Jan. 31	...	Contracted at Gas works where infected clothing was destroyed.
V.	Feb. 6	...	Lived in the same house as K L Q R and S.
W.	Feb. 18	...	Exact mode of origin uncertain, but probably contracted by playing with infected children.

The localities where cases appeared were Sandfields, Richard Street, Pritchard Street, Gething Street, Picton Street, Mansel Terrace and Water Street.

In connection with this outbreak we had in 1893, Six cases and Two deaths, and in 1894, Sixteen cases and One death.

The Sanitary Authority provided antiseptic liquids and other accessories liberally, and nurses were engaged by the authority, for the treatment and supervision of the sick.

In the preventive treatment of these cases, we experienced very great difficulty on account of the want at that time of an isolation hospital. The relatives and friends could not (except in a few cases) be depended upon to keep away from the sick, and in some infected houses where room was limited, it was practically impossible for many members of families to be anything but carriers of contagion as long as they followed their daily avocations. Under these circumstances, no alternative remained but to practice vaccination on as wide a scale as possible, and to use disinfectants freely.

Mr. Howard Beynon, the Vaccination Officer, was especially energetic and made a house-to-house visitation of all infected districts and other parts of the town as well, and it is largely due to his timely co-operation that the outbreak was kept within (under the circumstances) such moderate limits.

The number of successful vaccinations and re-vaccination, as far as I have been able to ascertain, amounted to over 700 during the period.

As to the efficacy of vaccination, there is no shadow of doubt that it is an absolutely reliable safeguard against Small Pox.

No recently vaccinated person acquired the disease, though many of them were in constant attendance upon the sick.

The fatal cases occurred only amongst the unvaccinated or where vaccination had been practised insufficiently, and at a period so remote that its protective influence had vanished.

In young persons who had been vaccinated in infancy the symptoms were universally mild, and in a few particularly so.

The disease as we saw it proved itself intensely contagious, not only by direct contact as in cases B C D and F, &c., but also by germs carried on clothes as in cases H O & P. In the case of H, the mother conveyed the disease to her daughter, though she did not herself take Small Pox. The authority has done wisely in securing a building for the isolation of such cases in future.

The presence of Small Pox in a town is apt to create a scare and to interfere with the personal comfort of a large number of persons, and to seriously injure trade, and to stamp out the disease, without facilities for isolating the sick is a costly, erratic, and often a disappointing proceeding.

The infected bedding and clothing were destroyed in all cases, and disinfection of the occupied rooms was carried out by Mr. Evans, the Sanitary Inspector, who performed his duties very thoroughly throughout the epidemic.

A disinfecting apparatus would have been a great boon to us at the time of the Small Pox epidemic. I have in previous reports alluded to this matter, and I consider it a subject worthy of your early consideration; without such an apparatus, disinfection can never be complete, and in the case of many fevers such as Small Pox, Scarlatina, Measles, &c., disease is spread as much, if not more, by infected clothing than by personal contact, and insufficient disinfection is a risky proceeding—better than none it is true—but when so carried out for economical reasons it is a poor economy at the best.

Scarlatina. There was one case only of Scarlatina in Velindre in November, a mild case, which did not spread infection; it was probably acquired from the neighbouring district of Margam.

Typhoid Fever. There was one case of Enteric fever in Sandfields, the patient was employed at Swansea and acquired the disease there.

Overcrowding and the housing of the Working Classes. The subject of overcrowding has not received the attention I would wish. In my annual report for 1893, I alluded to the matter and suggested a house-to-house visitation,—this has not been done,—and I refer to the matter because I think it should be done without delay, and such an inspection would bring to light any grave defects in the houses of the working men, such as leaking roofs, damp walls, doors and windows admitting draughts, unpaved and unboarded floors and such like conditions, which go far towards rendering life in a workman's cottage unhealthy and lacking in reasonable comfort.

In a large number of cottages in Aberavon, more especially the older houses, there are no fire grates in the sleeping rooms; in the summer, beyond interfering with efficient ventilation, this is perhaps no great hardship, but in the winter it is different: if a case of acute lung disease appears in that season in such a house, to have a fire in the room is a matter often of life or death, too often have I known the want of fire mean the latter.

In the case of the houses in Caewern, stoves are going to be placed in bedroom in each house, and it is to be hoped that in the course of time, this serious drawback will be dealt with in other properties in the town.

Water supply. The quality of the water supply is good; the quantity is also sufficient except in the dry season, and I advise the authority to consider the advisability of enlarging the storage area, unless they are perfectly satisfied that the scarcity of water we experienced last year was due to a controllable waste, and not to a deficient storage capacity.

**Dairies and
Cowsheds.**

The dairies, &c., have been frequently visited during the year and been found in a fairly satisfactory state.

**Slaughter
houses.**

The Corporation slaughter-house has of late been in an unsatisfactory state, it is a question whether it should be mended or ended. The floors should be of concrete; strict regulations should be framed and enforced, and a plentiful supply of water and facilities for free flushing and purification provided.

It would be an excellent thing for the community if it were compulsory that all meat sold in the Borough for food should have been slaughtered in the public slaughter-house and under the supervision of a Corporation Official, it would go a long way towards preventing the possible sale of unsound meat, for suspicious carcasses could then be inspected with the organs attached, an important matter in many cases where the organs only shew signs of disease and the carcass does not.

**Common
Lodging
houses.**

These houses are carefully looked after by the Inspector of Police, and this officer, I am glad to say, acts jointly and harmoniously with the Borough Sanitary Inspector in his inspections, which is an advantageous course to pursue. When I have visited the houses, I have been satisfied with the cleanliness of the sleeping rooms.

Scavenging.

The scavenging is carried out regularly. Pantdu and Blackwells are provided with ashbins, and these parts of the town, with Sea View and Springfields, are visited by the carts once a week. Pentyla, Mansel Terrace, Velindre, and Sandfields, are cleared twice a week, and the rest of the town is visited and cleared three times a week.

Ashbins are required by the Mountain Board School and the end of Llewellyn Street.

I myself, favour the presence of ashbins as long as they are cleaned out regularly and frequently, for without them, however alert the Inspector of Nuisances may be, people are given to depositing refuse in the streets surreptitiously, and so nuisances are created and multiplied.

**River
pollution.**

The question of the pollution of the river Afan, to which I alluded in my report for 1893, is still *sub judice*, and I hope the matter will be settled in the course of the year.

I have the honour to be, Gentlemen,

Your faithful Servant,

J. ARNALLT JONES,

Medical Officer of Health.

